

Signature

Title and Company

signature is required, see below*.

nifer Langenberger

forms are submitted.

Director of Intellectual Property, Trustees of the University of Pennsylvania

Name

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/460,605		_	
	Filing Date	12/14/1999			
	First Named Inventor	Discher, Dennis E.			
	Title	Polymersomes And Related Encapsulating Membranes			
	Art Unit	1615			
	Examiner Name	Kishore, Gollamudi S.			
CHANGE OF GORREST ONDERGE ADDRESS	Attorney Docket Number	umber 61169.00012 (M-2182 DIV)			
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A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following. Number as mylour attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United S and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as mylour atto to transact all business in the United States Patent and Tract.	application states Patent princy(s) or agent(s) to prosec	ute the application ide	ntified above, and		
Practitioner(s) Name	Re	Registration Number			
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I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted.			·		
SIGNATURE of Appli	cant or Accionna of Pacore				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a beneaft by the public which is to file good by the USPTO be processed an application. Confidentially is governed by \$5 U.S. C. 12 and 37 CFR 1.11 and 1.41. This collection is estimated to last be including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androit of time vary depending upon the individual case. Any comments on the amount of time you require to complete this form androit of time vary depending upon the individual case. Any comments on the amount of time you require to complete this form androit origing this burden, should be sent to the Chief Information Ciffice (I.S. Department of Commence, P.O. Box 1450, Mexandria, V.A. 22313-1450. DN NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissionore for Patterts, P.O. Box 1450, Mexandria, V.A. 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one